

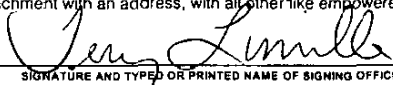


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90077 019 ***150.00

DOCUMENT # 339014 1. Entity Name ZEPHYR FEED COMPANY INC					
Principal Place of Business 4622 GALL BLVD. P. O. BOX 9005 ZEPHYRHILLS, FL 33539-9005 US			Mailing Address P. O. BOX 9005. P. O. BOX 9005 ZEPHYRHILLS, FL 33539-9005 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		01082008 Chg-P CR2E034 (12/06)	
Zip Country		Zip Country		4. FEI Number 59-1226721	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LINVILLE, TERRY 5215 BERNADETTE DR. ZEPHYRHILLS, FL 33541			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4622 Gall Blvd City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINVILLE, LOIS N DAIRY RD ZEPHYRHILLS, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LINVILLE, TERRY 5215 BERNADETTE DR ZEPHYRHILLS, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4622 Gall Blvd. 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINVILLE, DANNY 370A1 DAIRY RD ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4622 Gall Blvd 33541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINVILLE, TIMOTHY 4622 GAKK BKVD ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4622 Gall Blvd.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINVILLE, TONY 4622 GALL BLVD ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LINVILLE, JAY 4622 GALL BLVD ZEPHYRHILLS, FL 33541	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 4/18/08 Daytime Phone #: 813-982-1521		